Before the Board is a recommendation by DHS to add new staff to our teaching hospitals to comply with Accreditation Council of Graduate Medical Education (ACGME) requirements to reduce intern and resident shift durations. These requirements are in response to evidence that resident fatigue is contributing to medical errors and patient harm at our hospitals. If this is true, then our \$19 million investment should lead to a measurable reduction in medical errors at our teaching hospitals. The recognition by ACGME that there is a correlation between fatigue and medical errors presents an opportunity to ensure that medical faculty are integrating the concept of risk management and corrective actions into the medical curriculum.

I THEREFORE, MOVE THAT DHS and the CEO conduct a quarterly evaluation at LAC+USC, Olive View, and Harbor, following the hiring of these positions to determine whether the addition of this staff succeeded in reducing medical errors at our teaching hospitals compared to prior years. If a measurable decrease in medical errors is not demonstrated, DHS and the CEO must provide an oral report to the Board outlining their strategy for redirecting these funds or identifying new resources that can be used to implement evidence-based strategies to reduce medical errors in our teaching hospitals.

I, THEREFORE, FURTHER MOVE THAT the DHS Medical Director, Quality Assurance
Unit, CEO Risk Manager, and other relevant staff assess the extent to which the root causes of
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Molina	
Ridley-Thomas	
Yaroslavsky	
Knabe	
Antonovich	

medical errors are being integrated into resident curriculum and training after an error occurs, and ensure that all outstanding corrective actions have been appropriately implemented in our hospitals.

I, THEREFORE, FURTHER MOVE THAT that DHS pursue the U.S. Department of Health and Human Services' (HHS) \$500 million "Partnership for Patients" grant, announced this week, to help hospitals and health care providers reduce preventable injuries and complications. This funding, made available by the Affordable Care Act, will be awarded by the Centers for Medicare and Medicaid Services (CMS) through a solicitation which DHS must pursue if they are eligible.

ALV/JP